

## **Cancer Screenings**

At Anthem Blue Cross and Blue Shield and our subsidiary company, HMO Colorado, Inc., we believe cancer screenings provide important preventive care that supports our mission: to improve the health of the people we serve. We cover cancer screenings as described below.

### **Pap Tests**

All plans except our BasicBlue PPO Plan provide coverage for an annual Pap test and the related office visit. The BasicBlue PPO Plan provides coverage for a Pap test and the related office visit once every three years. Payment for the Pap test is based on the plan's laboratory services provisions, and payment for the related office visit is based on the plan's preventive care provisions. With our BluePreferred for Individuals PPO Plan, laboratory services for a Pap test are limited to a maximum payment of \$75.00. With our Colorado HSA-Qualified Plans for Individuals, all services related to a Pap test are subject to the maximum benefit as described on the Health Plan Description Form. Under most plans pap tests received out of-network are not covered.

### **Mammogram Screenings**

All plans except our HMO and PPO Basic Health Plans provide mammogram screening coverage for women 35 years of age and older. The following frequency guidelines apply: For women between the ages of 35 years and 40 years, a single baseline screening mammogram is covered. For women between 40 years of age and less than 50 years of age, a screening mammogram is covered once every two years, or it is covered annually if the member's physician has determined that identified breast cancer risk factors are present. For women between the ages of 50 years and 65 years, a screening mammogram is covered annually. Payment for the mammogram screening benefit is based on the plan's provisions for X-ray services. Our HMO and PPO Basic Health Plans do not provide coverage for mammogram screenings.

### **Prostate Cancer Screenings**

All plans except our HMO and PPO Basic Health Plans provide prostate cancer screening coverage for men 40 years of age and older. The following frequency guidelines apply: For men between 40 years of age and less than 50 years of age, a prostate cancer screening is covered annually if the member's physician has determined that identified prostate cancer risk factors are present. For men 50 years of age and older, a prostate cancer screening is covered annually. Payment for the prostate cancer screening benefit is based on the plan's provisions for X-ray services. Our HMO and PPO Basic Health Plans do not provide coverage for prostate cancer screenings.

### **Colorectal Cancer Screenings**

Several types of colorectal cancer screening methods exist. All plans provide coverage for colorectal cancer screenings, such as colonoscopies, sigmoidoscopies and fecal occult blood tests. Depending on the type of colorectal cancer screening received, payment for the benefit is based on the plan's provisions for laboratory services, preventive care office visit services, or other medical or surgical services. Our plans do not provide coverage for preventive colorectal cancer screenings involving invasive surgical procedures and DNA analysis. Under most plans colorectal cancer screenings received out of-network are not covered.

The information above is only a summary of the benefits described. The certificate for each health plan includes important additional information about limitations, exclusions and covered benefits. The Health Plan Description Form for each health plan includes additional information about copayments, deductibles and coinsurance. If you have any questions, please call our customer service department at the phone number on the Health Plan Description Form.

